

Application Template for Health Insurance Flexibility and Accountability (HIFA) §1115 Demonstration Proposal

The State of _____, Department of _____ proposes a section 1115 demonstration entitled _____, which will increase the number of individuals with health insurance coverage.

Comment [11]: Insert name of State in this space.

I. GENERAL DESCRIPTION OF PROGRAM

The _____, which is scheduled to begin on _____, will provide health insurance coverage to an additional _____ residents of the State of _____ with incomes at or below _____ of the Federal poverty level. The increased coverage will be funded by _____

Comment [12]: Insert name of program.

Comment [13]: Insert projected implementation date.

Comment [14]: Insert State name.

Comment [15]: Insert the upper income limit of the demonstration.

Comment [16]: Provide a brief description of how savings will be realized to fund the increased coverage.

II. DEFINITIONS

Income: In the context of the HIFA demonstration, income limits for coverage expansions are expressed in terms of gross income, excluding sources of income that cannot be counted pursuant to other statutes (such as Agent Orange payments.)

Mandatory Populations: Refers to those eligibility groups that a State must cover in its Medicaid State Plan, as specified in Section 1902(a)(10) and described at 42 CFR Part 435, Subpart B. For example, States currently must cover children under age 6 and pregnant women up to 133 percent of poverty.

Optional Populations: Refers to eligibility groups that can be covered under a Medicaid or SCHIP State Plan, i.e., those that do not require a section 1115 demonstration to receive coverage and who have incomes above the mandatory population poverty levels. Groups are considered optional if they can be included in the State Plan, regardless of whether they are included. The Medicaid optional groups are described at 42 CFR Part 435, Subpart C. Examples include children covered in Medicaid above the mandatory levels, children covered under SCHIP, and parents covered under Medicaid. For purposes of the HIFA demonstrations, Section 1902(r)(2) and Section 1931 expansions constitute optional populations.

Expansion Populations: Refers to any individuals who cannot be covered in an eligibility group under Title XIX or Title XXI and who can only be covered under Medicaid or SCHIP through the section 1115 waiver authority.

Private health insurance coverage: This term refers to both group health plan coverage and health insurance coverage as defined in section 2791 of the Public Health Service

Act.

III. HIFA DEMONSTRATION STANDARD FEATURES

Please place a check mark beside each feature to acknowledge agreement with the standard features.

Comment [C7]:

☐ The HIFA demonstration will be subject to Special Terms and Conditions (STCs). The core set of STCs is included in the application package. Depending upon the design of its demonstration, additional STCs may apply.

Comment [I18]: Check here to indicate agreement with the core STCs and to acknowledge that additional STCs may apply, depending upon the design of the state's proposal.

☐ Federal financial participation (FFP) will not be claimed for any existing State-funded program. If the State is seeking to expand participation or benefits in a State-funded program, a maintenance of effort requirement will apply.

Comment [I19]: Check here to assure that the state will not request FFP for any state-funded program through the HIFA demonstration.

☐ Any eligibility expansion will be statewide, even if other features of the demonstration are being phased-in.

Comment [I10]: Consistent with the goal of reducing the rate of uninsurance, any coverage expansions must be statewide. However, the state will be allowed to phase in other features of the demonstration, including unique coverage vehicles.

☐ HIFA demonstrations will not result in changes to the rate for Federal matching payments for program expenditures. If individuals are enrolled in both Medicaid and SCHIP programs under a HIFA demonstration, the Medicaid match rate will apply to FFP for Medicaid eligibles, and the SCHIP enhanced match rate will apply to SCHIP eligibles.

Comment [I11]: Check here to indicate agreement.

☐ HIFA demonstrations covering childless adults can only receive the Medicaid match rate. As a result of the passage of the Deficit Reduction Act (DRA), states can no longer receive the SCHIP enhanced match rate for childless adults for HIFA applications submitted on, or after, October 1, 2005.

Comment [C12]: Check here to indicate agreement.

☐ Premium collections and other offsets will be used to reduce overall program expenditures before the State claims Federal match. Federal financial payments will not be provided for expenditures financed by collections in the form of pharmacy rebates, third party liability or premium and cost sharing contributions made by or on behalf of program participants.

☐ The State has utilized a public process to allow beneficiaries and other interested stakeholders to comment on its proposed HIFA demonstration.

IV. STATE SPECIFIC ELEMENTS

Comment [I13]: Insert the upper income limit for the coverage expansion, expressed in gross income as specified in the definitions.

A. Upper income limit

Comment [I14]: Check here to indicate agreement.

The upper income limit for the eligibility expansion under the demonstration is _____ percent of the FPL.

If the upper income limit is above 200 percent of the FPL, the State will demonstrate that focusing resources on populations below 200 percent of the FPL is unnecessary because the State already has high coverage rates in this income range, and covering individuals above 200 percent of the FPL under the demonstration will not induce individuals with private health insurance coverage to drop their current coverage. (Please include a detailed description of your approach as Attachment A to the proposal.)

B. Eligibility

Please indicate with check marks which populations you are proposing to include in your HIFA demonstration.

Mandatory Populations (as specified in Title XIX.)

_____ Section 1931 Families _____ Blind and Disabled _____ Aged _____ Poverty-related Children and Pregnant Women

Optional Populations (included in the existing Medicaid State Plan)

Categorical _____ Children and pregnant women covered in Medicaid above the mandatory level
_____ Parents or caretaker relatives covered under Medicaid _____ Children covered under SCHIP _____ Parents or caretaker relatives covered under SCHIP _____ Other (please specify)

Medically Needy

_____ TANF Related
_____ Blind and Disabled
_____ Aged

_____ *Title XXI children (Separate SCHIP Program)*

_____ *Title XXI parents or caretaker relatives (Separate SCHIP Program)*

Additional Optional Populations (not included in the existing Medicaid or SCHIP State Plan.) If the demonstration includes optional populations not previously included in the State Plan, the optional eligibility expansion must be statewide in order for the State to include the cost of the expansion in determining the annual budget limit for the demonstration.)

Populations that can be covered under a Medicaid or SCHIP State Plan

_____ Children above the income level specified in the State Plan This category will include children from _____percent of the FPL through _____percent of the

FPL.

- _____ Pregnant women above the income level specified in the State Plan
This category will include individuals from _____percent of the
FPL through _____percent of the FPL.
- _____ Parents above the current level specified in the State Plan This category will
include individuals from _____percent of the FPL through _____percent of the
FPL.

Existing Expansion Populations

Populations that are not defined as an eligibility group under Title XIX or Title XXI, but
are already receiving coverage in the State by virtue of an existing section 1115
demonstration.

- _____ Pregnant Women in SCHIP (This category will include individuals from
_____percent of the FPL through _____percent of the FPL.)
- _____ Other. Please specify:

(If additional space is needed, please include a detailed discussion as
Attachment B to your proposal and specify the upper income limits.)

Comment [I15]: Use this section
ONLY if your state has an existing
section 1115 demonstration program with
an eligibility expansion.

New Expansion Populations

Populations that are not defined as an eligibility group under Title XIX or Title XXI, and will be
covered only as a result of the new HIFA demonstration.

- _____ Pregnant Women in SCHIP (This category will include individuals from
_____percent of the FPL through _____percent of the FPL.)
- _____ Other. Please specify:

(If additional space is needed, please include a detailed discussion as
Attachment B to your proposal and specify the upper income limits.)

Comment [I16]: Please describe your
expansion populations, including upper
income limits.

C. Enrollment/Expenditure Cap

_____ No _____ Yes (If Yes) Number of _____
participants

Comment [I17]: Is there a limit on
the number of enrollees to this program?
If there is no limit, check this box.

or dollar limit of demonstration (Express dollar limit in terms of total computable program costs.)

D. Phase-in

Please indicate below whether the demonstration will be implemented at once or phased in.

_____ The HIFA demonstration will be implemented at once.

_____ The HIFA demonstration will be phased-in.

If applicable, please provide a brief description of the State's phase-in approach (including a

timeline):

E. Benefit Package

Please use check marks to indicate which benefit packages you are proposing to provide to the various populations included in your HIFA demonstration.

1. Mandatory Populations

_____ The benefit package specified in the Medicaid State Plan as of the date of the HIFA application.

Comment [I18]: These services include: assistance with eating, bathing, dressing, personal hygiene, activities of daily living, and instrumental activities of daily living.

2. Optional populations included in the existing Medicaid State Plan

_____ The same coverage provided under the State's approved Medicaid State plan.

_____ The benefit package for the health insurance plan this is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State

_____ The standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))

_____ A health benefits coverage plan that is offered and generally available to State employees _____ A benefit package that is actuarially equivalent to one of those listed above _____ Secretary approved coverage. (The proposed benefit package is described in

Attachment D.)

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

3. SCHIP populations, if they are to be included in the HIFA demonstration

States with approved SCHIP plans may provide the benefit package specified in Medicaid State plan, or may choose another option specified in Title XXI. (If the State is proposing to change its existing SCHIP State Plan as part of implementing a HIFA demonstration, a corresponding plan amendment must be submitted.) SCHIP coverage will consist of:

- _____ The same coverage provided under the State's approved Medicaid State plan.
- _____ The benefit package for the health insurance plan this is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State
- _____ The standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))
- _____ A health benefits coverage plan that is offered and generally available to State employees
- _____ A benefit package that is actuarially equivalent to one of those listed above
- _____ Secretary approved coverage.

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

2. New optional populations to be covered as a result of the HIFA demonstration

- _____ The same coverage provided under the State's approved Medicaid State plan.
- _____ The benefit package for the health insurance plan this is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State
- _____ The standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))
- _____ A health benefits coverage plan that is offered and generally available to State employees
- _____ A benefit package that is actuarially equivalent to one of those listed above
- _____ Secretary approved coverage. (The proposed benefit package is described in Attachment D.)

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

5. Expansion Populations – States have flexibility in designing the benefit package, however, the benefit package must be comprehensive enough to be consistent with the goal of increasing the number of insured persons in the State. The benefit package for this population must include a basic primary care package, which means health care services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician. With this definition states have flexibility to tailor the individual definition to adapt to the demonstration intervention and may establish limits on the types of providers and the

types of services. Please check the services to be included.

_____ Inpatient

_____ Outpatient

_____ Physician's Surgical and Medical Services

_____ Laboratory and X-ray Services

_____ Pharmacy

_____ Other (please specify) Please include a detailed description of any Secretary approved coverage or flexible expansion benefit package as Attachment C to your proposal. Please include a discussion of whether different benefit packages will be available to different expansion populations.

F. Coverage Vehicle

Please check the coverage vehicle(s) for all applicable eligibility categories in the chart below (check multiple boxes if more than one coverage vehicle will be used within a category):

Eligibility Category	Fee-For-Service	Medicaid or SCHIP Managed Care	Private health insurance coverage	Group health plan coverage	Other (specify)
Mandatory					
Optional – Existing					
Optional – Expansion					
Title XXI – Medicaid Expansion					
Title XXI – Separate SCHIP					
Existing section 1115 expansion					
New HIFA Expansion					

Please include a detailed description of any private health insurance coverage options as Attachment D to your proposal.

G. Private health insurance coverage options

Coordination with private health insurance coverage is an important feature of a HIFA demonstration. One way to achieve this goal is by providing premium assistance or “buying into” employer-sponsored insurance policies. Description of additional

activities may be provided in Attachment D to the State's application for a HIFA demonstration. If the State is employing premium assistance, please use the section below to provide details.

____ As part of the demonstration the State will be providing premium assistance for private health insurance coverage under the demonstration. Provide the information below for the relevant demonstration population(s):

The State elects to provide the following coverage in its premium assistance program: (Check all applicable, and describe benefits and wraparound arrangements, if applicable, in Attachment D to the proposal if necessary. If the State is offering different arrangements to different populations, please explain in Attachment D.)

____ The same coverage provided under the State's approved Medicaid plan.

____ The same coverage provided under the State's approved SCHIP plan.

____ The benefit package for the health insurance plan that is offered by an HMO, and has the largest commercial, non-Medicaid enrollment in the State.

____ The standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1).
(Federal Employees Health Benefit Plan (FEHBP))

____ A health benefits coverage plan that is offered and generally available to State employees.

____ A benefit package that is actuarially equivalent to one of those listed above (please specify).

____ Secretary-Approved coverage.

____ Other coverage defined by the State. (A copy of the benefits description must be included in Attachment D.)

____ The State assures that it will monitor aggregate costs for enrollees in the premium assistance program for private health insurance coverage to ensure that costs are not significantly higher than costs would be for coverage in the direct coverage program. (A description of the Monitoring Plan will be included in Attachment D.)

____ The State assures that it will monitor changes in employer contribution levels or the degree of substitution of coverage and be prepared to make modifications in

its premium assistance program. (Description will be included as part of the Monitoring Plan.)

H. Cost Sharing

Please check the cost sharing rules for all applicable eligibility categories in the chart below:

Eligibility Category	Nominal Amounts Per Regulation	Up to 5 Percent of Family Income	State Defined
Mandatory			
Optional – Existing (Children)			
Optional – Existing (Adults)			
Optional – Expansion (Children)			
Optional – Expansion (Adults)			
Title XXI – Medicaid Expansion			
Title XXI – Separate SCHIP			

Eligibility Category	Nominal Amounts Per Regulation	Up to 5 Percent of Family Income	State Defined
Existing section 1115 Expansion			
New HIFA Expansion			

Cost-sharing for children

Only those cost-sharing amounts that can be attributed directly to the child (i.e. co-payments for the child's physician visits or prescription drugs) must be counted against the cap of up to five percent of family income. Cost-sharing amounts that are assessed to a family group that includes adults, such as family premiums, do not need to be counted as 'child cost-sharing' for the purposes of the up to five percent cost-sharing limit. A premium covering only the children in a family must be counted against the cap.

Below, please provide a brief description of the methodology that will be used to monitor child-only cost-sharing expenses when the child is covered as part of the entire family and how those expenses will be limited to up to five percent of the family's income.

Any State defined cost sharing must be described in Attachment E. In addition, if cost sharing limits will differ for participants in a premium assistance program or other private health insurance coverage option, the limits must be specified in detail in Attachment E to your proposal.

V. Accountability and Monitoring

Please provide information on the following areas:

1. Insurance Coverage

The rate of uninsurance in your State as of _____ for individuals below 200 percent of poverty and any other groups that will be covered under the demonstration project.

The coverage rates in your State for the insurance categories for individuals below 200 percent of poverty and any other groups that will be covered under the demonstration project:

Private Health Insurance Coverage Under a Group Health Plan Other Private Health Insurance Coverage _____

Medicaid (please separately identify enrollment in any section 1906 or section 1115 premium assistance)

SCHIP (please separately identify any premium assistance)

Medicare _____

Other Insurance _____

Indicate the data source used to collect the insurance information presented above (the

State may

use different data sources for different categories of coverage, as appropriate): ____ The

Current Population Survey ____ Other National Survey (please specify ____)

____ State Survey (please specify ____) ____ Administrative records (please

specify ____) ____ Other (please specify ____)

Adjustments were made to the Current Population Survey or another national survey.

____ Yes ____ No If yes, a description of the adjustments must be included in

Attachment F.

A State survey was used. ____ Yes ____ No If yes, provide further details regarding

the sample size of the survey and other important

design features in Attachment F. If a State survey is used, it must continue to be

administered through the life of the demonstration so that the State will be able to

evaluate the impact of the demonstration on coverage using comparable data.

2. State Coverage Goals and State Progress Reports

The goal of the HIFA demonstration is to reduce the uninsured rate. For example, if a State was providing Medicaid coverage to families, a coverage goal could be that the State expects the uninsured rate for families to decrease by 5 percent. Please specify the State's goal for reducing the uninsured rate:

Attachment F must include the State's Plan to track changes in the uninsured rate and trends in sources of insurance as listed above. States should monitor whether there are unintended consequences of the demonstration such as high levels of substitution of private coverage and major decreases in employer contribution levels. (See the attached Special Terms and Conditions.)

____ Annual progress reports will be submitted to CMS six months after the end of each demonstration year which provide the information described in this plan for monitoring the uninsured rate and trends in sources of insurance coverage.

States are encouraged to develop performance measures related to issues such as access to care, quality of services provided, preventative care, and enrollee satisfaction. The performance plan must be provided in Attachment F.

VI. PROGRAM COSTS

A requirement of HIFA demonstrations is that they not result in an increase in federal costs compared to costs in the absence of the demonstration. Please submit expenditure data as Attachment G to your proposal. For your convenience, a sample worksheet for submission of base year data is included as part of the application packet.

The base year will be trended forward according to one of the growth rates specified below. Please designate the preferred option:

Medical Care Consumer Price Index, published by the Bureau of Labor Statistics. (Available at <http://stats.bls.gov>.) The Medical Care Consumer Price Index will only be offered to States proposing statewide demonstrations under the HIFA initiative. If the State chooses this option, it will not need to submit detailed historical data.

Medicaid-specific growth rate. States choosing this option should submit five years of historical data for the eligibility groups included in the demonstration proposal for assessment by CMS staff, with quantified explanations of trend anomalies. A sample worksheet for submission of this information is included with this application package. The policy for trend rates in HIFA demonstrations is that trend rates are the lower of State specific history or the President's Budget Medicaid baseline for the eligibility groups covered by a State's proposal. This option will lengthen the review time for a State's HIFA proposal because of the data generation and assessment required to establish a State specific trend factor.

The State estimates the cost of this program will be \$_____ over its _____ year approval period.

VII. WAIVERS AND EXPENDITURE AUTHORITY REQUESTED

Comment [I19]: The estimate should be the sum of the estimated total costs for each year of the demonstration. To arrive at the estimated cost for each year, apply the chosen growth factor to your base year cost.

A. Waivers

The following waivers are requested pursuant to the authority of section 1115(a)(1) of the Social Security Act (Please check all applicable):

Title XIX: _____ Statewideness

Comment [120]: If this waiver will be phased in, or will not be operated in all areas of the State, check this box

1902(a)(1) To enable the State to phase in the operation of the demonstration. _____ **Amount,**

Duration, and Scope 1902(a)(10)(B) To permit the provision of different benefit packages to different populations in the demonstration. Benefits (i.e., amount, duration and scope) may vary by individual based on eligibility category. _____

Freedom of Choice 1902(a)(23) To enable the State to restrict the choice of provider. **Title XXI:**

_____ **Benefit Package Requirements 2103**

To permit the State to offer a benefit package that does not meet the requirements of section 2103. _____

Cost Sharing Requirements 2103(e) To permit the State to impose cost sharing in excess of statutory limits.

B. Expenditure Authority

Expenditure authority is requested under Section 1115(a)(2) of the Social Security Act to allow the following expenditures (which are not otherwise included as expenditures under Section 1903 or Section 2105) to be regarded as expenditures under the State's Title XIX or Title XXI plan.

Note: Checking the appropriate box(es) will allow the State to claim Federal Financial Participation for expenditures that otherwise would not be eligible for Federal match.

_____ Expenditures to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.

Expenditures related to providing _____ months of guaranteed eligibility to demonstration participants.

Expenditures related to coverage of individuals for whom cost-sharing rules not otherwise allowable in the Medicaid program apply.

Title XXI:

_____ Expenditures to provide services to populations not otherwise eligible under a State child health plan.

_____ Expenditures that would not be payable because of the operation of the limitations at 2105(c)(2) because they are not for targeted low-income children.

If additional waivers or expenditure authority are desired, please include a detailed request and justification as Attachment H to the proposal.

VIII. ATTACHMENTS

Place check marks beside the attachments you are including with your application.

Attachment A: Discussion of how the State will ensure that covering individuals above 200 percent of poverty under the waiver will not induce individuals with private health insurance coverage to drop their current coverage.

Attachment B: Detailed description of expansion populations included in the demonstration.

Attachment C: Benefit package description.

Attachment D: Detailed description of private health insurance coverage options, including premium assistance if applicable.

Attachment E: Detailed discussion of cost sharing limits.

_____ Attachment F: Additional detail regarding measuring progress toward reducing the rate of uninsurance.

_____ Attachment G: Budget worksheets.

_____ Attachment H: Additional waivers or expenditure authority request and justification.

IX. SIGNATURE

Date

Name of Authorizing State Official (Typed)

Signature of Authorizing State Official

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0848. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.